2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 06, 2005 08:00 AN Secretary of State

س مربعه شد د د

	- AITION	<u> </u>			, , , , , , , , , , , , , , , , , , ,	· · · · · •	ecrei	ary o	n Stat
DOCUMENT # P99000034710 1. Entity Name MCCLAIN ENTERPRISES, INC.								·	
					-{				
Principal Place of Business Mailing Address 1012 GAMMAGE POINT OVIEDO, FL 32765 OVIEDO, FL 32765 OVIEDO, FL 32765			ľ					17 kada: #916 wa	
						[[6]]		(
2. Principal Place of Business Suite, Apt. #, etc.				; <u>;</u>					
		Suite, Apt. #, etc.			04202005	Chg-P	CR2E00	34 (10/03)	· · · · · ·
City & State		City & State		<u> </u>	4. FEI Number Applied For 59-3571661 Not Applicable			ot Applicable	
Zip Country		Zip	Coun		5. Certificate of Status Desired				
8. Name and Address of Current Regist		t Registered Agent			7. Name and A	ddress of New R			
			Name						
MCCLAIN, DARRELL W				Street Address /	P.O. Boy Number	is Not Acceptable	<u></u>		
1012 GAMMAGE POINT OVIEDO, FL 32765				Street Address (P.O. Box Number is Not Acceptable)					
		- 298.4	200			<u> </u>	FL	Zip Cod	0
8. The above	named ortity submits this statement i	or the purpose of changing its	register	d office or register	ed agent, or both	in the State of Fig		ımiliar with.	and accept
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and alle if applicable. (MOTE Registered Agent atgrated when required when required when reconstruction) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. 9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11									
10.	DFFICERS AND		11.		ADDITIONS/C	HANGES TO OFFI			Addition
title Name	MCCLAIN, DARRELL	☐ Delete	YITLE NAMI	1				Change	Maniani
STREET ADDRESS	1012 GAMMAGE POINT			ET ADDRESS		Undani	3364264	Į.	
CITY-ST-ZIP	OVIEDO, FL_32765		general CITY-1			. 05/06/05	-ลักกรรั-	ก11 15	50.00
TITLE		☐ Delete	☐ Delete TITLE					Change	☐ Addition
NAME	1 		NAM	· .					
STREET ADDRESS CITY-ST-ZIP	J 1			ET ADDRESS - ST-ZIP					
TITLE		□ Delete	TITLE			 .		Change	Addition
NAME	}	□ Derecte	NAM	1				**********	
STATET ADDRESS			STRE	ET ADDRESS					1
CITY-ST-ZIP		· ·- ·- · ·	DITY	-ST-ZIP			 		
TITLE		☐ Oelete	TITLE	Ī				Change	Addition
NAME STREET ADDRESS			NAMI STRE	E ET ADDRESS					j
CITY-ST-ZIP		_at _ 25 to the second		-ST-ZIP					į
TITLE		☐ Delete	TITLE					Change	Addition
NAME			NAMI	E					į
STREET ADDRESS	}	. =	ł	ET ADDRESS					1
CITY-SY-ZIP				-ST-ZIP		<u> </u>		Chance	Addition
TITLE NAME	}	C Delete	TITLE NAME					Change	Addition
STREET ADDRESS				ET ADDRESS					}
CITY-ST-ZIP			1 I	-ST-ZIP	<u> </u>	a de e			
12. I hereby certify that the information supplied with this hiling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the opporation or the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607 or an attachment with an address, with all other like empowered.									

SIGNATURE: DAMEN MCLAID DARRECK W. MCCCAW 4-30-05